

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G606		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/02/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3025 GREENHILLS LN S INDIANAPOLIS, IN 46222			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey. This visit was for the investigation of complaint #IN00103651.</p> <p>These surveys were done in conjunction with the post certification visit (PCR) to the investigation of complaint #IN00098375 completed on 10/31/2011.</p> <p>Complaint #IN00103651: Substantiated, no deficiencies related to the allegations are cited.</p> <p>Survey dates: February 27, 28, 29, 2012, and March 1, 2, 2012</p> <p>Facility Number: 001175 Provider Number: 15G606 AIM Number: 100245640</p> <p>Survey Team: Brenda Nunan, RN, CDDN, PHNS III</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9 .</p> <p>Quality review completed on March 15, 2012 by Dotty Walton, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed to exercise general policy and operating direction to ensure the client's available money did not exceed the \$1500 limit for 1 of 4 sampled clients (client D).</p> <p>Findings include:</p> <p>Client D's financial record was reviewed on 02/28/2012 at 10:41 a.m. The February 2012 Finance Ledger indicated the client had no COH (cash on hand). The "Account Quick Report" of client D's transactions indicated an account balance of \$2102.00 which was over the maximum allowable of \$1500.00. The account had been over the allowable amount since 06/01/2011.</p> <p>During an interview on 02/28/2012 at 1:20 p.m., the QDDP (Qualified Developmental Disabilities Professional) stated "Client D does not have a birth certificate. We can't open a bank account until we get that." The QDDP indicated the highest allowable account balance was \$1500.00</p> <p>During an interview on 02/29/2012 at</p>		W0104	<p>The Program Director and Home Manager will be retrained on Client Finances, including ensuring that the client is not over resources at any time.</p> <p>All financial transactions are monitored by the Home Manager, reconciled on a monthly basis by the Program Director, and then reviewed by the Client Finance Specialist at the completion of each month.</p> <p>Once a month the Client Finance Specialist will notify the Area Director of all clients, if any, that are over resources, so that the Area Director can follow up on the plan of correction.</p> <p>Ongoing, the Area Director will complete quarterly reviews of a random sample of client finances to ensure that all is completely accurately and correctly.</p> <p>Completion Date: April 1, 2012 Responsible Party: Home Manager, Program Director, Client Finance Specialist, and Area Director.</p>		04/01/2012	

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	3:25 p.m., the Social Worker indicated she applied for client D's birth certificate on 02/14/2012. 9-3-1 (a)						

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W0112	<p>483.410(c)(2) CLIENT RECORDS</p> <p>The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</p> <p>Based on observation and interview, the facility failed to ensure confidentiality of personal and health information for 4 of 4 sampled clients and 4 additional clients by storing clients' records in an unlocked room (clients A, B, C, D, E, F, G, H).</p> <p>Findings include:</p> <p>During observation on 02/27/2012 at 4:35 p.m., additional client G entered his bedroom by walking through an unlocked basement office where clients A's, B's, C's, D's, E's, F's, G's, and H's "Historical Files" were stored on the floor in boxes labeled with their names. "Historical Medical Records" were stored in boxes on a coffee table.</p> <p>During an interview on 02/27/2012 at 4:35 p.m., the House Manager stated client G did not "bother anything" in the office. He indicated the boxes contained clients' health information.</p> <p>During an interview on 02/29/2012 at 1:15 p.m., Administrative Staff #1 indicated client G can read. She indicated the documents should have been stored in</p>		W0112	<p>The Program Director and Home Manager will be retrained on confidentiality per Indiana MENTOR and HIPPA regulations.</p> <p>All historical files containing confidential client information will be stored in a locked up area of the group home. Access to these files will be strictly prohibited to only those on a need to know basis determined by Indiana MENTOR, the client, or guardian.</p> <p>Ongoing, the Area Director will complete quarterly (or more) visits to the group home to ensure that all confidential information is correctly stored in the home.</p> <p>Completion Date: April 1, 2012</p> <p>Responsible Party: Home Manager, Program Director, and Area Director.</p>		04/01/2012	

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	a secured location. 9-3-1(a)						

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W0140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based on record review and interview, the facility failed to maintain a complete accounting of the clients' cash on hand at the group home for 3 of 4 sampled clients (clients A, B, and C) and for 2 additional clients (clients F and H),</p> <p>Findings include:</p> <p>1. Client A's financial records were reviewed on 02/27/2012 at 3:50 p.m. Client A's February 2012 Finance Ledger indicated the client had \$4.94 COH (cash on hand). Client A had \$4.69 actual COH in her pocket folder.</p> <p>During an interview on 02/27/2012 at 3:50 p.m., the House Manager indicated he did not know why client A's COH was off by 25 cents.</p> <p>2. Client B's financial records were reviewed on 02/27/2012 at 3:50 p.m. Client B's February 2012 Finance Ledger indicated the client had \$29.99 COH. Client B had \$29.22 actual COH in her pocket folder.</p> <p>During an interview on 02/27/2012 at</p>		W0140	<p>After an Investigation was completed, it was discovered that the remaining change that was missing for each individual was in the bottom of the cabinet where the finances are kept.</p> <p>The Program Director and Home Manager will be retrained on Client Finances, including ensuring that the client's ledgers balance at all times. All financial transactions are monitored by the Home Manager, reconciled on a monthly basis by the Program Director, and then reviewed by the Client Finance Specialist at the completion of each month.</p> <p>Ongoing, the Area Director will complete quarterly reviews of a random sample of client finances to ensure that all is completely accurately and correctly.</p> <p>Completion Date: April 1, 2012 Responsible Party: Home Manager, Program Director, Client Finance Specialist, and Area Director.</p>		04/01/2012	

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	<p>3:50 p.m., the House Manager indicated he did not know why client B's COH was off by 70 cents.</p> <p>3. Client C's financial records were reviewed on 02/27/2012 at 3:50 p.m. Client C's February 2012 Finance Ledger indicated the client had \$25.80 COH. Client C had \$25.10 actual COH in his pocket folder.</p> <p>During an interview on 02/27/2012 at 3:50 p.m., the House Manager indicated he did not know why client C's COH was off by 70 cents.</p> <p>4. Client F's financial records were reviewed on 02/27/2012 at 3:50 p.m. Client F's February 2012 Finance Ledger indicated the client had \$9.37 COH. Client F had \$9.15 actual COH in his pocket folder.</p> <p>During an interview on 02/27/2012 at 3:50 p.m., the House Manager indicated he did not know why client F's COH was off by 22 cents.</p> <p>5. Client Hs financial records were reviewed on 02/27/2012 at 3:50 p.m. Client H's February 2012 Finance Ledger indicated the client had \$12.91 Client H had \$12.71 actual COH in her pocket folder.</p>						

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	<p>During an interview on 02/27/2012 at 3:50 p.m., the House Manager indicated he did not know why client H's COH was off by 20 cents.</p> <p>9-3-2(a)</p>						

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on interview and record review, the facility failed to ensure the day service provider received a current ISP (Individual Support Plan)/BSP (Behavioral Support Plan) for 3 of 4 sampled clients (clients A, C, and D).</p> <p>Findings include:</p> <p>1. Client #A's Vocational Record was reviewed on 02/27/2012 at 2:20 p.m. The record did not include a current ISP/BSP. The ISP in the record was dated 12/01/2009. The BSP in the record was dated 11/04/2009.</p> <p>Client A's facility group home record was reviewed on 02/28/2012 at 9:38 a.m. and included an ISP, dated 12/01/2009 was included in the record. A BSP, dated 12/29/2011 was included in the record.</p> <p>2. Client C's Vocational Record was reviewed on 02/29/2012 at 10:00 a.m. The record did not include a current ISP. The record included an ISP dated 06/21/2008.</p>		W0248	<p>The Program Director will receive corrective action for not ensuring completion.</p> <p>The Program Director will send all Day Placements the current ISPs and BSPs for the common clients.</p> <p>The Program Director will be retrained on IDT's. The training will include who to part of the IDT, when to include the IDT, and to remember to ensure that all members of the IDT are kept up to date at all times. Ongoing, the Area Director will participate in at least one IDT meeting to ensure that the Program Director is including all IDT members when applicable.</p> <p>Ongoing, the Area Director will complete random Day Placement Audits/Observations to ensure that all have current information, including, but not limited to ISPs and BSPs for common clients.</p> <p>Completion Date: April 1, 2012 Responsible Party: Home Manager, Program Director, and Area Director.</p>		04/01/2012	

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	<p>Client C's facility group home record was reviewed on 02/28/2012 at 1:02 p.m. The record included an ISP, dated 08/30/2011.</p> <p>3. Client D's Vocational Record was reviewed on 02/29/2012 at 10:00 a.m. The record did not include a BSP.</p> <p>Client D's facility group home record was reviewed on 02/28/2012 at 11:07 a.m. The record included a BSP, dated 10/03/2011.</p> <p>During an interview on 02/29/2012 at 1:50 p.m., Administrative staff #1 indicated the day service providers should have current ISPs and BSPs.</p> <p>9-3-4(a)</p>						

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W0252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on interview and record review, the facility failed to ensure data collection at the recommended frequency for 16 of 25 training programs reviewed for measurable skills improvement for 4 of 4 sampled clients (clients A, B, C, and D).</p> <p>Findings include:</p> <p>Client A's record was reviewed on 02/28/2012 at 9:38 a.m. Client A had 7 ISP (Individual Support Plan) goals in which data was collected for measurable skill acquisition. Cumulative data summation was provided for 01/2012 and 12/2011, but individual data sheets were not provided to verify frequency of data collection.</p> <p>An ISP, dated 08/09/2011, indicated an objective for identifying coins three times weekly. A review of data, indicated data was not collected on February 4, 5, 6, 13, 14, 15, 16, 18, 19, 20, 21, and 26, 2012. Refusals to complete the objective were documented on February 9, 17, 22, and 23, 2012.</p> <p>An objective for physical fitness indicated</p>		W0252	<p>All staff were retrained on completing training objectives correctly on 3-14-2012.</p> <p>The Home Manager will complete two weekly observations to ensure that all staff are completing the objectives correctly with the clients. Along with the observations, the Home Manager will also complete weekly random documentation reviews to ensure that all staff are completing the documentation to record the completion of the objectives.</p> <p>The Program Director will review all documentation reviews and completed observations to ensure that they are being completed correctly by both the staff and the Home Manager.</p> <p>Ongoing, the Area Director will complete random quarterly audits to ensure that all documentation is being completed and correctly.</p> <p>Completion Date: April 1, 2012 Responsible Party: Home Manager , Program Director, and Area Director</p>		04/01/2012	

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	<p>client A should have exercised 30 minutes three times weekly. Review of data indicated the objective was not completed February 4, 5, 6, 13, 14, 15, 16, 18, 19, 20, 21, 25, and 26, 2012. Refusals to complete the objective were documented on February 1, 2, 3, 6, 7, 8, 9, 10, 17, 22, 23, and 24, 2012.</p> <p>A daily objective for stating the reason she takes Lexapro (antidepressant) was not completed February 3, 10, 11, 12, 17, 24, 25, and 26, 2012.</p> <p>An objective for wearing tennis shoes to work five times a week was not completed February 3, 10, 17, 24, 2012</p> <p>2. Client B's record was reviewed on 02/28/2012 at 12:29 p.m. Client B had 5 ISP goals in which data was collected for measurable skill acquisition. Cumulative data summation was provided for 01/2012 and 12/2011, but individual data sheets were not provided to verify frequency of data collection.</p> <p>An Individual Support Plan (ISP), dated 02/09/2012, indicated an objective for stating the reason she takes Effexor (antidepressant) daily. A review of data, indicated data was not collected on February 3, 10, 11, 12, 17, 24, 25, 26, 2012.</p>						

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	<p>An objective for filling out a model check three times a week was not completed February 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 24, 25, 26, 2012.</p> <p>An objective for physical fitness indicated client B should have exercised 20 minutes three times weekly. Review of data indicated the objective was not completed February 1, 2, 3, 4, 5, 6, 9, 10, 11, 12, 13, 14, 20, 21, 25, 26, 2012. Refusals to complete the objective were documented on February 8, 9, 15, 18, 19, 23 2012</p> <p>3. Client C's record was reviewed on 02/28/2012 at 1:02 p.m. Client C had 7 ISP goals in which data was collected for measurable skill acquisition. Cumulative data summation was provided for 01/2012 and 12/2011, but individual data sheets were not provided to verify frequency of data collection.</p> <p>An Individual Support Plan (ISP), dated 08/30/2011, indicated a daily objective for gathering hygiene supplies for showering. A review of data, indicated data was not collected on February 4, 5, 6, 18, 19, 20, 2012.</p> <p>Client C had an objective for identifying</p>						

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	<p>coins three times weekly. A review of data, indicated data was not collected on February 4, 5, 6, 7, 11, 12, 13, 14, 17, 18, 19, 20, 21, 25, 26, 2012.</p> <p>A daily objective for thoroughly washing with personal washcloth was not completed February 4, 5, 6, 18, 19, 20, 2012.</p> <p>An objective for setting the oven temperature three times weekly was not completed February 1, 2, 3, 4, 5, 7, 8, 9, 10, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 2012.</p> <p>An objective for exercising 30 minutes three time a week was not completed February 1, 2, 3, 4, 5, 9, 10, 11, 12, 13, 17, 18, 19, 20, 2012.</p> <p>4. Client D's record was reviewed on 02/28/2012 at 11:07 a.m. Client D had 6 ISP (Individual Support Plan) goals in which data was collected for measurable skill acquisition. Cumulative data summation was provided for 01/2012 and 12/2011, but individual data sheets were not provided to verify frequency of data collection.</p> <p>An Individual Support Plan (ISP), dated 10/03/2011, indicated an objective for preparing part of morning, noon or</p>						

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	<p>evening meal three times per week. A review of data, indicated data was not collected on February 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20, 21, 23, 24, 25, 2012.</p> <p>An objective for brushing teeth twice daily was not completed in the a.m. on February 3, 7, 16, 19, 24, 25, 2012. A review of data indicated the objective was not completed during the p.m. on February 1, 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 2012.</p> <p>An objective for participating in an activity of his choice with housemates twice weekly was not completed on February 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20, 21, 23, 24, 25, 2012.</p> <p>During an interview on 02/29/2012 at 1:50 p.m., Administrative Staff #1 indicated the programs should have been implemented at the frequency listed on the program plan.</p> <p>9-3-4(a)</p>						

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W0382	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview, the facility failed to ensure medications were locked when unattended by staff while 1 additional client (G) was in the room while the medications were left on the dining room table.</p> <p>Findings include:</p> <p>During medication administration observations on 02/28/2012 at 6:35 a.m. DSP #1 left client E's Econazole (antifungal cream) Cream 1% and Desmopressin (medication to reduce the amount of urine produced) Nasal Spray 0.01% on the dining room table unattended for 3 minutes between passing medications to clients. Client G walked through the room where the unsupervised medications were located.</p> <p>During an interview on 02/28/2012 at 7:45 a.m., DSP #1 indicated she should have returned the medications to the locked cabinet when she walked away from the table.</p> <p>During an interview on 02/29/2012 at 1:50 p.m., Administrative Staff #1 indicated DSP #1 should not have left</p>		W0382	<p>All direct care staff were retrained on Medication Administration including Medication Security, and Passing Meds with Privacy on 3-14-2012.</p> <p>Ongoing, the Home Manager and/or Program Director will complete 2 weekly Medication Administration Observations to ensure that all staff are passing meds correctly. All observations will be reviewed by a supervisor for completion and accuracy.</p> <p>Completion Date: April 1, 2012 Responsible Party: Home Manager, Program Director, and Area Director.</p>		04/01/2012	

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	medications unattended and unsecured. 9-3-6(a)						

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W0440	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed to ensure an evacuation drill was conducted quarterly for each shift for 4 of 4 sampled clients and 4 additional clients (clients A, B, C, D, E, F, G, and H).</p> <p>Findings include:</p> <p>The facility's evacuation drills were reviewed on 02/27/2012 at 12:50 p.m. Records indicated a drill was completed during the evening shift on 12/9/2012 at 6:10 p.m. The record did not include documentation to indicate fire drills were completed during the day or night shift during the quarter covering December 2011, January 2012 and February 2012. Records indicated a drill was completed during the night shift on 03/08/2011 at 1:32 a.m. and during the evening shift on 05/09/2011 at 8:32 p.m.. The record did not include documentation to indicate a fire drill was completed during the day shift during the quarter covering March, April, and May 2011.</p> <p>During an interview on 02/27/2012 at 3:45 p.m., the House Manager indicated all completed drills were included in the</p>		W0440	<p>All Direct Support Professionals will receive a retraining every other month to ensure that they understand the importance of completing the monthly fire drills. The retraining will include reviewing a copy of the Fire Drill Schedule. Ongoing, the Direct Support Professionals will complete one fire drill per month (or more as needed) according to the schedule to ensure that the health and safety of the client's needs are met. Ongoing, all completed fire drill reports will be turned in to and reviewed by Quality Assurance for accuracy and thoroughness of each drill.</p> <p>Completion Date: April 1, 2012 Responsible Party: Home Manager</p>		04/01/2012	

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	<p>record.</p> <p>During an interview on 02/28/2012 at 11:20 a.m., Administrative staff #1 indicated the drills should have been completed quarterly.</p> <p>9-3-7(a)</p>						